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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>		10/821,234
	<b>Filing Date</b>		April 7, 2004
	<b>First Named Inventor</b>		Ivan Labat
	<b>Title</b>	Methods and Diagnosis for the Treatment of Preeclampsia	
	<b>Art Un't</b>	1634	
	<b>Examiner Name</b>	Jeanine Anne Goldberg	
<b>Attorney Docket No.</b>		31280/42996	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Fabio Rupp</i>	Date	10/15/2007
Name	Fabio Rupp	Telephone	408 242-6170
Title and Company	President/CEO HERA BIOMEDICAL INC.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 11/19/07Signature: *Lynn L. Janulis* (Lynn L. Janulis)